

BUDGET FOR CACFP OPERATIONS OF INDEPENDENT ADULT CARE CENTER**Definitions:**

1. Operating Costs: Costs related to the preparation and serving of meals under the CACFP.
2. Administrative Costs: Costs related to the planning, organizing, and managing of the CACFP food service, including the preparation and submission of the CACFP funding application; the review and approval of income eligibility applications for participants; the provision of nutrition education and other program training for employees; and the preparation and submission of claims for reimbursement.

Allowance for Indirect Administrative Costs:

If indirect costs are budgeted, you must attach a photocopy of letter from a federal agency or the Tennessee Department of Human Services which approves an indirect cost rate or cost allocation plan for your center.

HS-1964C (Revised 6/2006 - All Other Forms Obsolete)

CACFP FOOD SERVICE BUDGET FOR INDEPENDENT ADULT CARE CENTER

| Name of Center: | | | Estimated CACFP Payments for Program Year: \$ | | |
|---|--------------------------|---|---|---|---|
| EXPENSES BY OBJECT | PROPOSED OPERATING COSTS | APPROVED COSTS (TO BE COMPLETED BY DHS ONLY) | PROPOSED ADMINISTRATIVE COSTS | APPROVED COSTS (TO BE COMPLETED BY DHS ONLY) | TOTAL APPROVED COSTS (TO BE COMPLETED BY DHS ONLY) |
| Salaries/wages to prepare/ serve meals (excluding benefits/payroll taxes) | \$ | \$ | | | \$ |
| Fringe benefits/payroll taxes for employees who prepare/serve meals | \$ | \$ | | | \$ |
| Food Costs (must be at least 50% of est. CACFP payments for program year) | \$ | \$ | | | \$ |
| Expendable Supplies (i.e., napkins, straws, dishwashing detergent, etc.) | \$ | \$ | | | \$ |
| Durable Supplies (i.e., items costing less than \$5,000 with life expectancy of more than 1 year) | \$ | \$ | | | \$ |
| Contracted meal services (enter amount if meals to be purchased from private company) | \$ | \$ | | | \$ |
| Contract personnel (non-employees who are under contract to prepare/serve meals) | \$ | \$ | | | \$ |
| Food service equipment purchase (must attach description of each equipment item) | \$ | \$ | | | \$ |
| Food service equipment rental and maintenance | \$ | \$ | | | \$ |
| Salaries/wages for CACFP administrative employees (excluding benefits/payroll taxes) | | | \$ | \$ | \$ |
| Fringe benefits/payroll taxes for CACFP administrative employees | | | \$ | \$ | \$ |
| Office Supplies | | | \$ | \$ | \$ |
| Communications | | | \$ | \$ | \$ |
| Postage, Printing and Publications | | | \$ | \$ | \$ |
| Contract personnel (non-employees who perform administrative duties) | | | \$ | \$ | \$ |
| Occupancy | | | \$ | \$ | \$ |
| Travel (If any projected costs, complete Page 4 of the budget) | | | \$ | \$ | \$ |
| Indirect administrative costs | | | \$ | \$ | \$ |
| TOTAL OPERATING AND ADMINISTRATIVE COSTS | \$ | \$ | \$ | \$ | \$ |

PERSONNEL SALARY SCHEDULE FOR INDEPENDENT ADULT CARE CENTER

| OPERATING PERSONNEL (TO BE CHARGED TO THE CACFP) | | | | |
|--|----------------|--------|---|---|
| Employee Name | Position Title | Duties | Annual Salary or Wage (including Fringe Benefits and Taxes) | Amount of Employee Salary or Wages to be Charged to CACFP |
| | | | \$ | \$ |
| | | | | |
| | | | | |

| ADMINISTRATIVE PERSONNEL (TO BE CHARGED TO THE CACFP) | | | | |
|---|----------------|--------|--|---|
| Employee Name | Position Title | Duties | Annual Salary or Wages (including Fringe Benefits and Taxes) | Amount of Employee Salary or Wages to be Charged To CACFP |
| | | | \$ | \$ |
| | | | | |
| | | | | |

PROPOSED TRAVEL BUDGET

| | |
|--------------------------|---|
| 1. TRAVEL (In-State) | Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____ |
| 2. TRAVEL (In-State) | Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____ |
| 3. TRAVEL (In-State) | Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____ |
| 4. TRAVEL (In-State) | Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____ |
| 5. TRAVEL (Out-of-State) | Name of Employee/Contract Individual: _____ Reason for Travel: _____ Estimated Cost: \$ _____ |